

PO Box 513 Wall, SD 57790

sdoptboard@goldenwest.net

Telephone: (605) 279-2244 Website: http://optometry.sd.gov

#### **OPTOMETRY LICENSE APPLICATION**

### Requirements and Instructions- Applicant may keep this page for reference.

- Complete and mail enclosed application (pages 1-5). The application fee of \$175.00 must sent by check or money order with the application. The application is good for one year from the date received. The application fee is non-refundable and must be paid again if reapplying after the expiration of the application. The application may be filled out electronically, but must be signed in ink and mailed to the address above.
- National Board Scores must be sent to the South Dakota Board of Optometry directly from the National Board of Examiners in Optometry.
- Official transcripts are required from all pre-optometric and optometric university education and must be sent directly from the school. Copies or unofficial transcripts will not be accepted.
- Pursuant to SDCL 36-7-12.2, effective July 1, 2009, each applicant for licensure is required to submit a full set of fingerprints with the completed application to obtain a state and federal criminal background check.
  - Instructions for completion:
    - Upon receipt of this application, fingerprint cards will automatically be mailed to the home address indicated on the application. If you would like them sent to another address, please provide this request in writing with the application.
    - The fingerprint cards you receive from the SDBEO **must** be the cards you use for the fingerprints since specific agency data is pre-printed on them. Make sure you fill out both sides of the cards before they are returned.
    - Contact your local law enforcement agency for fingerprinting.
    - Mail the completed fingerprint cards to the above address. Please include a check or money order for \$43.25 made payable to the "South Dakota Division of Criminal Investigation".
    - Cards will be rejected if they have been bent, folded, tampered with, stained, smeared or stapled. If rejected, you
      will be notified to resubmit your cards.
    - Your application will not be processed until the results of the background check have been received. This board does not issue temporary licenses or special permits.
- Two references of good moral character must be submitted using forms Appendix A and B.
- License verification forms from Appendix C must be submitted for each state listed in the "record of licensure" on page 4. States may submit their preferred standard forms.
- The verification of practice location must be submitted using form Appendix D.
- When all documents have been received, you will receive notification that includes information regarding the estimated timeline for licensure and pro-rated license fee. Your certificate will be mailed upon receipt of the check or money order, address update form on Appendix E, and all other requirements as outlined in this application.

\*Documents can also be found on the SDBEO website for your convenience in providing them to required parties.



### Attach Photo Here

For identification purposes, the applicant shall furnish one passport sized photograph taken not more than one year before the date of application.

### **Board of Examiners in Optometry**

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### **OPTOMETRY LICENSE APPLICATION**

	OPTOMETRY LICENSE APPLICATION						
	DEMOGRAPI	IIC INFO	ORMATION			Page 1	
First Name:	Middle Name:			Last Name:			
Social Security #:	Ві	rth Date	:		Gender:		
Have you ever been known under any other nan	ne? Yes N	ο 🗌	If yes, list na	me(s):			
	Personal Co	ntact In	formation				
Home Mailing Address:	_		Email Addr	Email Address:			
City:	State:			Zip Code:			
U.S. Citizen: Yes No Home Phone:				Cell Phone:			
Current Prac	ctice Informat	ion- (If li	censed in ar	nother state.)			
Practice Address:			Practice Pho	one:			
City:	State:			Zip Code:			
South Dakota Practice Information:	Appendix D is	require	ed to be sub	mitted to veri	fy location of practic	e.	
<b>20:50:02:07. Certificate of registration</b> . After a candidate has successfully passed the examination, the certificate of registration for admission to practice shall not be issued until the candidate has secured and equipped an office within the state of South Dakota meeting the minimum office requirements of 20:50:06:01 or has arranged a bona fide association with a registered optometrist licensed under the laws of the State of South Dakota who has an office meeting those requirements. The certificate of registration shall not be issued as a result of the examination unless the requirements of all sections of this article are met within one year from the date of the candidate was notified of passing the examination. This section does not apply when the candidate is in or entering the military or other governmental service.							
Please note: If you have not currently secured a location to practice in South Dakota, you may still submit your application. This information can be added at a later date using the document on Appendix D.							
Practice Name: Practice Address:							
City: State:			Zip Code:				
Practice Phone:  If employee, who may we contact to verify employment:							
National Board of Examiners in Optometry Exam Required							
Date of Exam: OE Tracker Number:							
Have you requested to have your NBEO scores submitted to this board: YES NO							

EDUCATION Page 2							
High School Graduation							
High School Name: City and State: Graduation Dat							
	Pre-Optometric College	Education					
Starting with your undergraduate education chronological order.	on, list all schools, colleges and u	niversities attended, whethe	er completed or no	ot, and in			
Name of School	Address	Start	Start Date				
Degree Received:		Date of Graduation:					
	Education in Opton	netry					
Name of School	Address	Start	Date	End Date			
Degree Received:		Date of Graduation:					
Degree neceived.							
Are you currently a member of the armed	MILITARY BACKGR	Yes No					
Are you the spouse of a member of the ar	med forces of the United States?	Yes No No					
If yes, was your spouse the subject of a m	ilitary transfer to South Dakota?	Yes No NA					
	CRIMINAL BACKGROUND IN	IVESTIGATION					
Instructions for completing the criminal background check can be found on page 1 and will also accompany the fingerprint cards that will be mailed upon receipt of this application.							
36-7-12.2. Criminal background check of new applicants and licensees under disciplinary investigation. Each new applicant for licensure as an optometrist, in this state shall submit to a state and federal criminal background investigation by means of fingerprint checks by the Division of Criminal Investigation and the Federal Bureau of Investigation. Upon application, the Board of Examiners of Optometry shall submit completed fingerprint cards to the Division of Criminal Investigation. Upon completion of the criminal background check, the Division of Criminal Investigation shall forward to the board all information obtained as a result of the criminal background check. This information shall be obtained before permanent licensure of the applicant. The board may require a state and federal criminal background check for any licensee who is the subject of a disciplinary investigation by the board. Failure to submit to or cooperate with the criminal background investigation is grounds for denial of an application or may result in revocation of a license. The applicant shall pay for any fees charged for the cost of fingerprinting or the criminal background investigation.							

Page 3	
apter to a ages in the sum Services for nent may	
o others:	
al Reprimand	
n below.	
urned by the	
S No No	
5 No No	

CHILD SUPPORT INFORMATION In accordance with 25-7A-56, the Board of Examiners in Optometry may not issue or renew any license under this cha person after receiving notice from the South Dakota Department of Social Services that he or she has support arrears of one thousand dollars or more unless he or she has made satisfactory arrangements with the Department of Social payment of any accumulated arrearages. Failure to certify may result in disciplinary action, and making a false staten subject the licensee to contempt of court. You must check one of the following: ☐ I am more than \$1,000 delinquent in complying with a child support order. I am currently under a child support order, but I am in compliance with the Department of Social Services. I am not currently under any child support order. **RECORD OF LICENSURE** I am currently or have previously been licensed to practice optometry in the following states and r Issue Date State License Number **Expiration Date** Adverse Action: Formal or Informa Yes No If yes, please explain Yes \( \square\) No \( \square\) If yes, please explain Yes No If yes, please explain Yes \( \square\) No \( \square\) If yes, please explain Yes No If yes, please explain Explanation of adverse action(s): Please note: In order to complete this application, the license verification form on page 9 must be completed and retu state licensing board from each state listed above. PERSONAL HISTORY INFORMATION Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a Yes deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony? Have you ever been convicted, pled no contest/nolo contender, pled guilty to, or been granted a Yes deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? Please note: If you answered YES to 1 or 2, provide a signed and dated explanation. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated Yes No No 3. Is there any pending criminal prosecution against you? Yes No Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?

5. Has any license, registration, permit or certificate held by you in any state or country been denied, revoked, suspended, stipulated, or have you been placed on probation or otherwise subjected to any type of disciplinary action?	Yes No					
6. Have you ever been denied a license to practice optometry in another state?	Yes No					
7. Have you ever been subject to a negligence or malpractice judgment or settlement during the scope and course of your practice?	Yes No 🗌					
8. In the five years prior to application, have you had habitual addiction to alcohol or any other substance?	Yes□ No □					
9. Have you had adverse action or ethical violation(s) during any education, residency or training program?	Yes No					
<b>Please note:</b> For questions 3-10 above, provide an explanation for each YES response on a separate piece of palescription of dates and events. You must also send all supporting applicable documents. You must attach supporting and dated explanation. Please put supporting documents in chronological order (most recent first).						
ENDORSEMENT REQUIREMENTS (You may skip this section if you have graduated optometry school in the past 5	years.)					
<b>20:50:02:04.03. Endorsement certification.</b> An applicant for licensure by endorsement must submit the application required under SDCL 36-7-13 and meet all of the following conditions:	ation form and fee					
(1) Be licensed in good standing to practice optometry in a state or territory under U.S. jurisdiction that a written, entry-level examination at the time of initial licensure;	nt required passage of					
(2) Be licensed at the highest level of prescriptive authority possible in that jurisdiction;						
(3) Have been actively engaged in the practice of optometry, including the use of therapeutic pharmaceutical agents, for at least five consecutive years immediately preceding making application under this section;						
(4) Have submitted directly to the board all transcripts, reports, or other information the board requires; and						
(5) Pass the written examination regarding the optometry laws and administrative rules governing optometrists in the state. The candidate must request any optometry licensing agency of any U.S. jurisdiction in which the applicant is licensed or has ever been licensed to practice optometry to provide reports directly to the board describing current standing and any past or pending actions taken with respect to the applicant's authority to practice optometry in those jurisdictions, including such actions as investigations, entering into consent agreements, suspensions, revocations, and refusals to issue or renew a license. Any application received from an optometrist who has been sanctioned by revocation of license by another optometric licensing jurisdiction shall be reviewed on a case by case basis by the board.						
The board retains the authority to require additional education, testing, or training prior to granting licensure under the competency of any applicant is in question. Any applicant who has previously been denied a license to apply for and meet all initial licensure requirements.						
Have you met all of the requirements described above to be issued licensure through endorsement?	Yes 🗌 No 🗍					
<b>Please note:</b> If you answered NO to the above question, please provide written documentation of circumstance attach any applicable supporting documents.	es. You must also					

### **AUTHORIZATION AND RELEASE**

- No person shall be eligible for licensure unless such person is a full eighteen years old, a citizen of the United States of America, of good moral character, and a graduate of an accredited high school.
- An applicant for a license to practice optometry in the State of South Dakota shall be a graduate from an institution recognized and approved by the South Dakota Board of Examiners in Optometry.
- An applicant must submit to the federal and state background investigations and pay the fees associated with that investigation as set by the state and federal entities. By submitting this document, you are authorizing this board to conduct federal and state background checks.
- An applicant must file with the board, a properly executed application together with a non-refundable application fee of \$175.00 in the form of a certified check, or money order, payable to the South Dakota Board of Examiners in Optometry, upon completion of the National Board Examination. The application is current for one year after the date in which it was received. After this date, the application will expire and the \$175.00 must be paid again to reapply.
- While an applicant is asked to provide a social security number on this application, an independent license number will be issued upon licensure.
- Upon licensure, general license, practice address, and disciplinary actions will be posted on the South Dakota Board of Examiner's website. Licensee demographic information may also be shared with other state entities for statistical purposes.
- I will carefully read and study the South Dakota Optometry Laws, including South Dakota Codified Law chapters 36-7 and 47-11B, and Administrative Rules of South Dakota Article 20:50. By signing this form, I am also attesting that I have done so and will comply with these laws.
- I will further faithfully submit and conform myself and my actions to obey, observe, perform, fulfill, and keep all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota. I will at all times assist the duly constituted authorities in enforcement of the laws governing Optometry in South Dakota.
- I hereby agree that if I furnish false information, or I shall violate the above agreements, the board may find me ineligible for licensure. I understand that I must notify the board of any changes to information in the application after submission.

### **CERTIFYING STATEMENT**

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief all information contained herein is true and correct and that the photograph attached hereto is a true likeness of myself.

I hereby authorize the State Board of Examiners in Optometry to verify any and all information contained in this application. I authorize the South Dakota Board of Examiners in Optometry to obtain and review any and all records and files pertaining to my licensure and practice in this and any other state in which I am or have been licensed in optometry or have applied to be licensed in optometry, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I declare and affirm under the penalties of perjury that I will faithfully submit and conform myself and my actions to comply with all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota.

Signature of Applicant:		Date:
А	APPLICATION MUST BE NOTARIZED	
Printed Name of Notary Public:		
Subscribed and sworn to before me this	day of	20
My commission expires:		
	End of Application	



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## REFERENCE FORM- APPENDIX A

(Must be signed by an optometrist licensed and in good standing from any U.S. state.)

Please complete this reference for	m and return electronically or mail	to the address sho	own above.
This is to certify that I have been personally acquain	ted with		
for years. I believe him/her to be of good m			
Examiners in Optometry as entirely worthy to be lice	ensed to practice optometry in the s	State of South Da	kota pursuant to law.
Additional Comments:			
			<del></del>
Please note: No member of the profession is expected			
who is not willing to supply additional information con Dakota Board of Examiners in Optometry.	oncerning this person's character ai	nd education upoi	n request from the South
Your Name (Printed):			
Your Signature (Digital Signature Allowed):			
Address:			
Cit.:	Chata		7
City:	State:		Zip:
Phone:			
Email Address:			
State of Optometry License (Currently Practicing):		License Numb	er:
Number of Years in Practice:			



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# REFERENCE FORM- APPENDIX B (Must be signed by an optometrist licensed and in good standing from any U.S. state.)

Please complete this reference form	n and return electronically or mail	to the address sho	own above.
This is to certify that I have been personally acquaint	ed with		
for years. I believe him/her to be of good m	oral character and I hereby recomr	mend him//her to	the South Dakota Board of
Examiners in Optometry as entirely worthy to be lice	ensed to practice optometry in the S	State of South Da	kota pursuant to law.
Additional Comments:			
<b>Please note:</b> No member of the profession is expecte who is not willing to supply additional information co			
Dakota Board of Examiners in Optometry.	oncerning this person's character ar	ia education apoi	rrequest from the south
Your Name (Printed):			
Your Signature (Digital Signature Allowed):			
Address			
Address:	I		Г
City:	State:		Zip:
Phone:			
Email Address:			
State of Optometry License (Currently Practicing):		License Numb	er:
Number of Years in Practice:		-	



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### REQUEST FOR LICENSE VERIFICATION- APPENDIX C

Must be completed by the regulatory agency of any other state in which you have been licensed. States may also use their own forms.

also use the	eir own forms.				
Applicant Name:		License Number:			
Issue Date:	Expiration Date:				
Current License Status: Active Inactive Expired	Revoked P	robation Other			
Is this individual considered to be in good standing in your state	27		Yes No No		
If no, please explain:					
Has this license ever been revoked, suspended, restricted, limite	ed, or placed on p	robation?	Yes No No		
If yes, please explain:					
Is this individual currently under investigation or charged with a	violation?		Yes No		
If yes, please explain:					
Was this individual required to pass a written examination at th	ne time of initial lic	censure?	Yes No		
Has this individual either passed the TMOD portion of the Natio therapeutic pharmaceutical privileges?	onal Board of Exan	niners exam or have	Yes No		
If no, please explain:					
If this license is not in good standing or has ever been revoked, sua copy of the final order or other documentation of action taken.	spended, restricted	d, limited, or placed on prob	ation, please provide		
FORM COL	MPLETED BY:				
Name (Printed):					
Signature:					
Title:					
State Agency:		STATE S	EAL		
Date:					
	L				



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### **VERIFICATION OF PRACTICE LOCATION- APPENDIX D**

**20:50:02:07. Certificate of registration.** After a candidate has successfully passed the examination, the certificate of registration for admission to practice shall not be issued until the candidate has secured and equipped an office within the state of South Dakota meeting the minimum requirements of § 20:50:06:01 or has arranged a bona fide association with a registered optometrist licensed under the laws of the state of South Dakota who has an office meeting those requirements. The certificate of registration shall not be issued as a result of the examination unless the requirements of all sections of this article are met within one year from the date the candidate was notified of passing the examination. This section does not apply when the candidate is in or entering the military or other governmental service.

Please check the box next to the option that best describes your practice location and complete that section:

Option 1:
I am opening my own practice that meets the minimum requirements of:
20:50:06:01. Minimum office equipment. The minimum equipment with which licensed optometrists shall operate their offices and engage in the practice of optometry consists of the following items, all of which shall be kept in good condition:  (1) Ophthalmic chair and instrument unit; (2) Retinoscope; (3) Ophthalmoscope; (4) Phoropter; (5) Keratometer; (6) Trial lens set; (7) Trial frame; (8) Transilluminator; (9) Projector chart or other luminous acuity chart; (10) Biomicroscope; (11) Instrument to evaluate intraocular pressure; (12) Permanent patient record system; (13) Visual fields instrument; (14) Color vision test equipment; and (15) Sanitary lavatory basin.
I also understand that the following administrative rule applies to my situation:
<b>20:50:06:02. Inspection of office.</b> Within 60 days following the establishment of a practice of optometry in this state, a new licensee shall inform the secretary of the board. At least one member of the board shall conduct an inspection of the office facility and procedures. This section and § 20:50:06:01 also apply to an optometrist admitted under endorsement provisions or a licensed optometrist who changes location or opens an additional office. The inspection of the office of an optometrist previously licensed in this state is at the option of the board.
Practice Street Address:
Practice City, State and Zip:
Signature of Applicant: Date:

VERIFICATION OF PRACTICE LOCATION- APPENDIX D (continued)				
Option 2:				
I am in or entering the military or other governmental service. I understand that 20:50:02:07 does not apply to my situation.				
Signature of Applicant: Date:				
Option 3:				
I have arranged a bona fide association with a registered optometrist licensed under the laws of the State of South Dakota who has an office meeting the requirements of 20:50:06:01.				
For licensure purposes, bona fide is defined as: made with earnest intent or in good faith without fraud or deceit.				
To be completed by registered optometrist licensed under the laws of the State of South Dakota: (Practice Owner)				
I hereby attest that I have an office meeting the requirements of 20:50:06:01. I have arranged a bona fide association with the person indicated in this application that he or she will be actively practicing in my office. This association has been made with earnest intent and without fraud or deceit.				
Printed Name of SD Licensed Optometrist:				
Signature of SD Licensed Optometrist: Date:				
Address of Practice Location:				
Telephone Number of Practice Location:				
To be completed by applicant:				
I hereby attest that I have arranged a bona fide association with a registered optometrist licensed under the laws of the State of South Dakota who has an office meeting the requirements of 20:50:06:01. This association has been made with earnest intent and without fraud or deceit.				
Signature of Applicant: Date:				



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### DEMOGRAPHICS UPDATE- APPENDIX E

(Do not send with application. Yo	ou will sen	d this with	remaiı	ning fee	es prior to red	ceiving certificate.)	
First Name:	Middle Name:			Las	Last Name:		
Email Address:	Cel		Cell	ell Phone:			
Sou	ıth Dakota	Primary Pra	tice In	formatio	on		
Practice Name:		Practi	ce Addre	ess:			
City:	S	tate:			Zip Code:		
Practice Phone:	If en	nployee, who	may we	contact 1	to verify employ	yment:	
Employment Status: Full-Time Part-Tin	ne 🗌 Tem	p/PRN 🗌		Hours W	orked Per Week	<b>(</b> :	
Sa	tellite or Se	econdary Of	ice Info	ormation	1		
Practice Name:		Practi	ce Addre	ess:			
City:	St	ate:				Zip Code:	
Practice Phone:	•		lours W	s Worked Per Week:			
Employment Status: Full-Time Part-Tir	ne 🗌 Tem	p/PRN 🗌					
	Home	Address Info	ormatic	n			
Home Address:					Home Phor	ne:	
City:	St	ate:				Zip Code:	
Mail Preference							
Where would you prefer to receive mail correspondence from the Board? Primary Practice Address Home Address						Home Address	
DEA Number (If Applicable):							
<b>Please note</b> : You will receive email correspondence from the Board executive secretary with payment reminders and continuing education updates so it is important to have an active email address on file.							
Signed:				Date:			
				1			